

Most Immediate

संख्या / 19(37)/2020/DP/Div. II/NPPA
भारत सरकार
Government of India
रसायन और उर्वरक मंत्रालय
Ministry of Chemicals & Fertilizers
औषध विभाग
Department of Pharmaceuticals
राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण
National Pharmaceutical Pricing Authority


तीसरी/पांचवी मंजिल 5th / 3rd Floor,
वाई.एम.सी.ए. सांस्कृतिक केन्द्र बिल्डिंग
YMCA Cultural Center Building,
1, जय सिंह रोड, नई दिल्ली-110001
1, Jai Singh Road, N. Delhi – 110001.

दिनांक :- 13th March, 2020

OFFICE MEMORANDUM

Subject: Information on Surgical & Protective Masks, Gloves and Hand Sanitizers.

Regarding the current situation of Surgical & Protective Masks, Gloves and Hand Sanitizers due to Noval Coronavirus (COVID-19) outbreak, all the manufacturers / importers are directed to furnish information for Surgical & Protective Masks, Gloves and Hand Sanitizers in the attached Form I, Form II and Form III to NPPA at an early date, not later than 17th March, 2020. The information may also be submitted in soft copy (MS-Excel format) to prakash.hemani@gov.in / prasenjit.icoas@gov.in.


13/03/2020
(Shiv Shankar Ojha)
Director (Pricing)
Mob. : 9452543810

Encl : Form I, Form II and Form III

Form I - Format for submission of Data for Surgical & Protective Masks

1. Name and address of the manufacturer / importer
2. Name and address of the marketing company, if any.

Sl. No.	Category	Brand	Manufactured or Imported	Annual Installed Capacity (No. of pcs)	Quantity produced / imported in year 2019	Pack Size	MRP per pack (Incl. Of GST) as in October, 2019 (Rs.)	MRP per pack (Incl. Of GST) as in March, 2020 (Rs.)	Applicable GST Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Two Layers								
2	Three Layers								
3	Four Layers								
4	N95 Mask								
5	Any other (be specified)								

The information furnished above is correct and true to the best of my knowledge and belief.

(Signature and stamp)

Name of authorized person:

Designation :

Name of the Organisation/person:

Place:.....

Date:

Form II - Format for submission of Data for Gloves

1. Name and address of the manufacturer / importer
2. Name and address of the marketing company, if any.

Sl. No.	Category	Brand	Manufactured or Imported	Annual Installed Capacity (No. of pcs)	Quantity produced / imported in year 2019	Pack Size	MRP per pack (Incl. Of GST) as in October, 2019 (Rs.)	MRP per pack (Incl. Of GST) as in March, 2020 (Rs.)	Applicable GST Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Surgical Gloves (Sterile)								
a	Latex Gloves								
b	Nitrile Gloves								
c	Vinyl Gloves								
2	Examination Gloves (Non-sterile)								
a	Latex Gloves								
b	Nitrile Gloves								
c	Vinyl Gloves								

The information furnished above is correct and true to the best of my knowledge and belief.

(Signature and stamp)

Name of authorized person:

Designation :

Name of the Organisation/person:

Place:.....

Date:

Form III - Format for submission of Data for Hand Sanitizers

1. Name and address of the manufacturer / importer
2. Name and address of the marketing company, if any.

Sl. No.	Category	Brand	Manufactured or Imported	Annual Installed Capacity (Litres)	Quantity produced / imported in year 2019	Pack Size	MRP per pack (Incl. Of GST) as in October, 2019 (Rs.)	MRP per pack (Incl. Of GST) as in March, 2020 (Rs.)	Applicable GST Rate	Mfg. License No.	Issuing Authority
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Alcohol Based Sanitizers (Alcohol %)										
	Alcohol Free Sanitizers										

The information furnished above is correct and true to the best of my knowledge and belief.

Place:
Date:

..... (Signature and stamp)
Name of authorized person:
Designation :
Name of the Organisation/person: